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Long-Term Care Needs Increase as Veteran Population Ages

"The aging of America's veteran population is a major challenge for its health care system. VA is working to address the long-term care needs of all veterans, including the chronically ill."

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Why is long-term care becoming a critical issue for veterans?

Approximately 9.3 million veterans are age 65 or older.[1] It is estimated that in less than five years, the number of veterans who require long-term care on any given day will be approximately 180,000.[1] A substantial number of these veterans have long-term health care needs, and the demand will grow as the elderly veteran population increases. Long-term care also encompasses chronically ill veterans who may have multiple medical, psychological and/or social problems. For example, veterans with spinal cord injuries, or those who have chronic mental illness or terminal illness may also require long-term care.

What are some important aspects of long-term care?

There are many aspects of long-term care that require comprehensive consideration and planning. Adult-day health care services, medical services (e.g., primary care, preventive care, and nursing home care), patient transportation, respite care, hospice care, and coordination of these services are just some of the issues that managers, health care providers, patients and their families may need to consider when arranging long-term care.

What is VA doing to improve long-term health care?

On November 30, 1999, Congress enacted the Veterans Millennium Healthcare and Benefits Act to address long-term care issues within VA. Included in the Act are pilot programs slated to begin in January 2001 related to long-term care and to assisted living. The long-term care pilots must provide participating veterans with integrated, comprehensive services including: medical services as needed, adult-day health care services, transportation, home care services, and respite care. The Assisted Living pilots will help assess the feasibility of enabling eligible veterans to secure needed assisted living services as an alternative to nursing home care. In addition, the Expansion of Eligibility for Nursing Home Care Directive was issued in February 2000. This Directive implements provisions of the Act and reiterates VA policy guidelines that protect a patient's right to participate in the decision-making process surrounding the provision of long-term care by VA. VA HSR&D researchers will evaluate the pilot programs as well as conduct an overall assessment of VA's implementation process.

Besides these evaluations, there is a significant amount of ongoing and planned HSR&D research on long-term health care. Below are recent findings from a few HSR&D studies that focus on important issues related to providing optimal long-term care for veterans.

Effect of clinical practice guidelines on pressure ulcer care in nursing homes

Pressure ulcers are a common medical problem associated with considerable morbidity, particularly for patients with long-term care needs such as those in nursing homes. Practice guidelines on the prevention of pressure ulcers have been widely disseminated, and these guidelines have been successfully implemented in some VA nursing homes. An HSR&D study sought to identify how these facilities accomplished successful implementation so that pressure ulcer care may be improved system-wide. Investigators studied 36 VA nursing homes. Combining surveys with reviews of medical records and administrative databases, they reviewed organizational

features such as culture, hospital policies, and employee control systems. Preliminary findings show that 79 percent of nursing home staff are familiar with guidelines, and over 50 percent report adopting at least one guideline.

Further results of this ongoing study will help researchers distinguish specific strategies that improve adherence to guideline recommendations and whether adoption of these guidelines prevents pressure ulcers. These findings may then be applied to improve guideline adherence for other conditions common in nursing homes, such as urinary incontinence and depression, thus improving health outcomes for veterans in nursing home care. Better adherence to best practice guidelines, no matter the condition, enhances the quality of patient care and improves outcomes.

Berlowitz DR, Bezerra HQ, Brandeis GH, Kader B, Anderson JJ. Are we improving the quality of nursing home care: the case of pressure ulcers. Journal of the American Geriatrics Society. In press.

Berlowitz DR, Anderson JJ, Brandeis GH, Lehner LA, Brand HK, Ash AS, and Moskowitz MA. Pressure ulcer development in the VA: Characteristics of nursing homes providing best care. American Journal of Medical Quality 1999;14(1):39-44.

HSR&D, study #CPG 97-012

Study examines long-term care utilization for men and women veterans

VA has one of the most comprehensive long-term care (LTC) programs in the United States. However, there was no database that linked long-term programs or services together. In order to identify existing LTC data, HSR&D investigators compiled a three-volume Resource Guide: VA Long Term Care Programs and Services (see next column for more information), with the help of an expert panel of 107 VA and non-VA clinicians, researchers, and policy makers. In gathering and developing this data, an analysis of VA nursing homes was conducted that focused on differences in use by female and male veterans over time.

Results of this analysis showed that female veteran nursing home patients tend to be older and poorer than male counterparts, and are half as likely to be married. It also suggests that female patients have different resource utilization needs. For example, in 1995, regarding Resource Utilization Group (RUG) scores, the RUG category "reduced physical function" was ranked first for female patients, while "clinically complex" (particular medical or skilled nursing problems, i.e., dehydration) was the most frequent RUG category for males. Female patients differed in terms of length of stay: 13.6 percent of female nursing home patients had lengths of stay equal to or exceeding five years versus 7.6 percent of male patients.

It is projected that by 2030, nearly half of the veteran population – one-third of our female veterans – will be 65 or older. A substantial number of these veterans will have LTC needs, thus this kind of HSR&D research is essential in providing data sources and documentation to the VA community so that it may provide information about health care use and outcomes by gender for an increasing elderly veteran population.

Guihan M, Weaver FM, Cowper DC, Nydam T, Miskevics S. Using Department of Veterans Affairs Administrative databases to examine long-term care utilization for men and women veterans. Journal of Medical Systems 1999;23(3):201-218.

HSR&D, study #SDR 93-113

Resource Guide: VA Long Term Care Programs and Services: This three volume Resource Guide is available through HSR&D's VA Information Resource Center (VIReC) website located at http://www.virec.research.med.va.gov/DATABASES/LTCRGUID/EXPAGE.HTM. The Guide is intended for use by clinicians, policy makers, and researchers. Volume I of the guide provides an overall description of the LTC service or program, existing databases and how they may be accessed; issues of data quality and areas in which the databases are incomplete; and a description of efforts to compile information on a particular program or service. Volume II is a compendium of database file names, content statements, and value labels (when available) for all databases identified in Volume I; and Volume III contains a listing of relevant Health Services Research projects on VA LTC services, including abstracts and bibliographies when available.

Study seeks to determine the impact of dementia on veterans' families

Within VA, the number of veterans with dementia has greatly increased over the last few decades and is now approximately 600,000. Equal or higher numbers of veterans are estimated to have mild to moderate dementia. The goal of this HSR&D research is to determine the impact of dementia on veterans' families in terms of informal caregiving costs and quality of life. Further, the direct non-medical costs (i.e., caregiving), indirect morbidity costs (i.e., lost productivity), and quality of life related to caregiving will be examined on a national level in relation to the amount and types of service that are being utilized, including institutionalization. Approximately 2,300 primary informal caregivers of veterans diagnosed with Alzheimer's disease or vascular dementia were surveyed at baseline and are being followed over four years.

An estimated $4 billion per year could be saved in the US if institutionalization from dementing illnesses is delayed by one month. Therefore, VA stands to benefit greatly from an increase in the precision by which community care is monitored. More important than the potential financial benefit, veterans with dementia who receive appropriately targeted interventions may be able to remain at home longer in environments that promote maximum independence for both caregivers and patients.

Ongoing HSR&D study #NRI 95-218; Principal Investigator, Elizabeth Clipp, RN, PhD

Study shows decline in functional status is quality indicator for long-term care

Measuring quality is essential for assessing improvements in care, and because VA has a large proportion of long-term care residents, assessment of the quality of care in long-term care facilities is critical. Comparing resident outcomes across long-term care facilities has become the 'quintessential' method of quality assessment. A decline in functional status, as measured by an individual's loss of independence in activities of daily living (ADLs, i.e., eating, morbidity), is considered to be one of the most meaningful outcomes for quality assessment in long-term care. Although some decline in functional status is expected among long-term care patients, especially those with chronic illness, rehabilitative services and other types of special care should maintain or improve physical functioning.

This HSR&D study examined 15,409 individuals residing in 77 VA long-term care facilities to determine whether different definitions of decline in functional status affect judgments about quality of care. ADL variables were used to generate measures of functional status, and then differences between resident's baseline and semi-annual assessments were evaluated. Study results revealed that the percentage of residents seen as declining in functional status varied with the measure used. Thus, based upon the definition of outcome applied, a decline in functional status from 7.7 percent to 31.5 percent was reported. Improving the standard of measuring quality accurately depends upon the development of standardized indicators of functional status outcome. In addition, HSR&D researchers are currently working on another project to develop a risk-adjusted model for predicting a decline in functional status that will compare facility-level rates of decline in functional status and continuously measure functional change.

Accurate information about the quality of care provided by facilities is necessary for informed decision-making, thus the need for standardized measures that show both where improvements have taken place and where they are needed is critical.

Rosen A, Berlowitz DR, Anderson JJ, Ash AS, Kazis LE, Moskowitz MA.. Functional status outcomes for assessment of quality in long-term care. International Journal for Quality in Health Care 1999;11(1):37-46.

HSR&D, study #IIR 96-065

References:

1. Veterans Millennium Healthcare and Benefits Act (Pubic Law 106-117) Veterans Health Administration Long-Term Care Task Force Briefing Paper. Internal report, April 26, 2000.

The MANAGEMENT BRIEF is produced by the Management Decision and Research Center, a program within VA's Office of Research & Development, Health Services Research & Development Service. The purpose of the MANAGEMENT BRIEF is to provide VA senior management with a concise and timely overview of a specific health care topic that includes topic definition, benefits, VA research activities, and resources for further information.

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Correction: Please note a correction to the sixteenth issue of *Management Brief* on Women Veterans' Health. On page two of this issue under the brief titled "Risky health behaviors and poorer health status may predict post-surgery morbidity and mortality," the last word in the second paragraph should read "morbidity" not "mortality."